

**WASHOE COUNTY
HEALTH DISTRICT**
ENHANCING QUALITY OF LIFE

WASHOE COUNTY HEALTH DISTRICT
ENVIRONMENTAL HEALTH SERVICES DIVISION
1001 East Ninth Street, Bldg B • Reno, Nevada 89520
Telephone (775) 328-2434 • Fax (775) 328-6176
www.washoecounty.us/health

Office Use Only
(Non-Refundable Fees)

Permit # _____
Fee Paid _____
Date Paid _____
Check/Cash/CC _____
Receipt No. _____

**WELL CONSTRUCTION PERMIT
APPLICATION**

New Deepen Abandon Replacement

Property owner's name: _____

Mailing address: _____

Home address: _____

Home phone number: _____ Work phone number: _____

Email Address: _____

Address of well site: _____

Nearest cross street to well site: _____

Geographical area: _____

Assessor's parcel number: _____

Type of well: _____ Use of well: _____

Well drilling company (must include): _____

State contractor's license number: _____

Business license number: _____

Well driller's phone number: _____

Any state waiver, county variance or special conditions? Yes* No

***If yes, attach a copy to this application.**

Applicant signature: _____ Date: _____

Applicant printed name: _____

Plot plan: Two copies of the plot plan must be attached to this application.

ORIGINAL | HEALTH DISTRICT YELLOW | APPLICANT